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APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.		
10/584,338	10/584.338 01/09/2007			Kevin Allen D'Amour			CYTHERA.045NP 3658		
TITLE OF INVENTION:	DEFINITIVE ENDOD	ERM							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	TE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$755	\$300	\$0		\$1055	02/23/2010		
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	1					
SHEN, WU CHENG WINSTON		1632	435-377000	_					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the pitted from page, list (1) the names of up to 3 registered patient attentioney or agents OK, alternatively. (2) the name of a single firm (having as a member a 02. Registered patient attentioney or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	/pe)					
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Please check the appropria	ate assignee category or	categories (will not be p	ninted on the patent):	Individual C	orporati	on or other private gr	oup entity 🔲 Governmen		
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